



**TOWN OF SCITUATE BOARD OF HEALTH  
TEMPORARY FOOD PERMIT APPLICATION  
CHECKLIST**

600 Chief Justice Cushing Hwy  
Scituate MA 02066  
781-545-8725

*Each applicant providing food or drink will need to fill out the attached temporary food permit application and provide the associated fee listed at the top of the application.*

***If the applicant (or applicant's source of food or drink) operates from a town other than Scituate, the following must be provided:***

- ☐ 1) Completed application
- ☐ 2) Applicable fee found on the application form
- ☐ 3) A copy of the annual permit from the Town in which the applicant (or applicant's source of food/drink) is based
- ☐ 4) Copies of the last two inspection reports conducted by the Health Department in which the applicant (or applicant's source of food/drink) is based
- ☐ 5) A copy of the applicant (or applicant's source of food/drink) ServSafe certification
- ☐ 6) A copy of the applicant (or applicant's source of food/drink) allergen awareness training certificate

***If the applicant (or applicant's source of food or drink) is based in Scituate, the following must be provided:***

- ☐ 1) Completed application
- ☐ 2) Applicable fee found on the application form

**The completed application package must be received by the Board of Health at least one week prior to the event.**



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This completed application, fee,  
and certificates (if req.) must be  
submitted to the Board of Health at  
least one week in advance of an  
event.

**FOOD APPLICATION TO OPERATE AT A TEMPORARY EVENT**

Today's date: \_\_\_\_\_ Event Location: \_\_\_\_\_

Event Name: \_\_\_\_\_ Hours of Food Operation: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Address & Phone: \_\_\_\_\_

Event Sponsor: \_\_\_\_\_

Applicant Name, Title & Phone Number: \_\_\_\_\_

Applicant Phone Number & Email Address: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Person in charge during the event: \_\_\_\_\_

(each food permit requires a PIC unless the event coordinator provides one for the entire event. Effective October 1, 2001, for-profit operators must be Certified as Food Manager and copies of Certificates must accompany applications. Please provide copies of ServSafe certification and Allergen Awareness certificate)

**FARMERS MARKET \$50    NON-PROFIT ORGANIZATION \$20    PROFIT ORGANIZATION \$35**

**ADDITIONAL INFORMATION:**

1. Proposed Menu (include all food items and beverages): \_\_\_\_\_

2. Name, Address & Phone Number of Food Preparation Facility (attach copy of Town/City license if not in Scituate): \_\_\_\_\_

3. Name & address of facility where equipment will be cleaned and sanitized? \_\_\_\_\_

4. Handwash Facility Location: \_\_\_\_\_

**COMPLIANCE WITH THE GUIDELINE FOR FOOD PERMITS AT TEMPORARY FOOD EVENTS IS A REQUIREMENT**

*Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law*

**SIGNATURE OF APPLICANT :** \_\_\_\_\_

**BOARD OF HEALTH OFFICE USE:**

Name: \_\_\_\_\_

Fee Received: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Permit Approved: \_\_\_\_\_